



Department of Administration, Conference Room B
One Capitol Hill, Providence
1:00 pm – 2:30 pm
November 19, 2013
Meeting Minutes

Attendees: Christine Ferguson, HealthSource RI Director, Geoff Grove, Vice-Chair, Linda Katz, Mike Gerhardt, Peter Howland, Margaret Holland McDuff, Dwight McMillan, Patrick Quinn

Excused: Secretary Steven Costantino, Meg Curran, Chair, Kathleen Hittner, Health Insurance Commissioner, Director of Administration Richard Licht, Amy Zimmerman

- I. Vice-Chair Geoff Grove called the meeting to order and moved to approve the minutes from the October 15, 2013 Exchange Advisory Board Meeting. The minutes were approved.
- II. **Director's Report and Updates**
Christine Ferguson, Director

A. Updates

a. Rlte Care Memo, Submitted by Linda Katz

Director Ferguson announced the receipt of a memo from the RI Health Coverage Project (RIHCP) regarding parents transitioning from Rlte Care. Director Ferguson is currently working on further analysis of this population.

The memo addressed the situation for 6,000 parents scheduled to lose their Rlte Care coverage, and identifies them as a target population for HSRI. The expectation is that parents will be transitioned to new coverage.

As part of the transition, there will be a health premium assistance program to which parents can apply. The RIHCP contends that premium assistance eligibility should be automated like the federal tax credit and questions if there is sufficient capacity in the in-person assistance system (including contact center and navigators) to help.

An EOHHS hearing on December 3rd will address all new Medicaid regulations, including the health premium assistance program. EOHHS

has preliminary approval from CMS to match the funding approved. Secretary Costantino may be able to comment further.

b. Contact Center Tour and Board Retreat

Mike Gerhardt suggested all board members tour the contact center. A tour of the contact center will be scheduled after the board retreat, and the possibility of holding a board meeting at the contact center will be explored.

REMINDER: Board Retreat December 9th 12-4
HealthCentric Advisors
235 Promenade Street, 5th Floor

B. Month One Progress

a. Individual Market Applications and Enrollments 10/1-11/2

- Account, Application and Enrollment figures for Month 1 distributed
- HSRI team is working on using these figures to look at the drop off between process points to better understand where people are getting stuck in the application process (i.e., Identity proofing between creating an account and initiating an application)
- Two updates to the system have been put in place already; and eliminating the ID proofing process for small employers is currently being explored in an effort to streamline the enrollment process for small employers
- Contact center will call people who were stalled by a systems problem to resolve that issue and contact people who have not completed their application for other non-system related issues.

b. Walk In Volumes

- Walk in volumes have been much higher than anticipated. People seem to appreciate the in-person contact. HSRI may need more space to accommodate the walk in customers going forward.
- Board members are curious how many walk ins are Medicaid eligible. People who are getting SNAP benefits can be flipped into Medicaid. Five states have taken advantage of this policy, which could help to relieve the pressure on resources.

b. Federal Problems

- Board members want to know how problems with the Federal system have affected HSRI and how the problems faced are the same or different.
- Systems fixes are required to deal with elements of the federal system that are not working

- Negative press generated around the issues with the federal system has affected perceptions of all exchanges, particularly challenging for sales and marketing efforts.
- Director Ferguson also notes that in contrast to the federal system, Rhode Island has been fortunate to have cooperation with the carriers and agencies involved. Staffing and systems upgrades were required on the carrier side to make this a success. The federal system had the obstacle of developing new businesses processes with 36 states and their respective carriers and establishing interagency cooperation.
- The Lieutenant Governor and Governor deserve credit for fostering cooperation amongst the advocacy community, carriers and providers. In general, people in Rhode Island wanted the Exchange to succeed, and it is not possible to underestimate the importance of Rhode Island not having some of the distractions that other states faced.

c. Small Business

- More SHOP accounts were created in month 1 than expected.
- Blue Cross & Blue Shield will release rates December 18th instead of December 1st; this may have delayed some SHOP enrollments.
- Renewals in January offer opportunities, though businesses can renew throughout the year.
 - 14% of small businesses renew in January
 - 30% of small businesses renew October-November
- Broker cooperation has been great; broker trainings are filling up fast.

C. Sales and Marketing Plan Update

a. Exchange Market

- There are roughly 120,000 people uninsured in the state. Approximately 45,000 of those are Exchange eligible and HSRI's target market.
 - 15,000 individuals currently enrolled in Blue Cross Direct are included in HSRI's target market
- 109,000 employees are currently offered coverage through their employer (associated with about 15,000 businesses); however some employees are not able to take up coverage because it is unaffordable
 - Employees can not qualify for a tax credit if their employer offers affordable coverage
 - Affordability is measured against an individual plan not a household plan – HSRI is working with the contact center to find out how many people are affected by this policy

- 15,000 businesses do not offer insurance (associated with 45,000 employees)
- b. *Marketing and Sales*
 - Marketing and sales approaches have been identified; the two are intimately connected but different individual and SHOP side decision makers and influencers have been identified
 - Decision Makers
 - Individual: direct consumer
 - SHOP: small business owner
 - Influencers
 - Individual: navigators and strategic partners
 - SHOP: brokers, employees, member organizations, CPAs, attorneys
 - Segmented characteristics
 - Demographics: uninsured population is broken down by demographics to help inform marketing campaigns; campaigns can also be targeted to industry (esp. construction and service industry)
 - Geography: uninsured population is broken out by residence to identify priority cities and towns
 - Individual Outreach and Enrollment Strategies
 1. Direct Pay at BCBSRI
 2. Health Care Providers
 3. Empower Natural Helpers
 4. Direct Contact with Target Audiences
 5. Use Network Leaders
 6. Partnerships
 7. Member Pride
 8. Story Bank
 9. Workplace Outreach
 10. General Visibility
 - Small Business Outreach and Enrollment Strategies
 - HSRI package for employers to share with employees
 - Brokers
 - Professional/ Navigator Networks
 - Trade Member Organizations
 - Traditional Marketing
- c. *Additional outreach and enrollment strategies (suggested by board members)*
 - RIte Care parents: families with RIte Care eligible children should be encouraged to apply through HSRI to access free coverage for their children
 - Meeting to develop materials and strategies for targeting Medicaid eligible individuals to be set up
 - Marketing and advertising that reacts to the current situation

- Advertising should communicate that Rhode Island is different from the Federal system; Rhode Island can deliver, despite the bad press about the federal system
- Need to balance advertising that distinguishes Rhode Island from the federal system with the possible critique that HSRI is a federally-funded program
- December 23rd enroll-by-date should be communicated; need to create a sense of urgency
- Health Care Providers
 - Information should be available in providers' offices
 - Providers need to better understand HSRI in order to advocate amongst their patients
 - Current Care brochures are in every doctor's office; can we collaborate and reach their network of providers?
- Direct contact and in-person assistance
 - Needed to help move people to the next step of enrollment and to assist with getting beyond technical difficulties
- Credit or debit cards for payment
 - People cannot currently use credit or debit cards – is this an obstacle?
 - Payment methods are an important part of marketing and sales (if people can't pay the way they would like to, they are not going to enroll)
- Board member outreach
 - Director Ferguson asks that board members identify events, people, and groups that could be targeted
 - A training will be set up with Marti Rosenberg so that board members can reach out to businesses they may know

III. Public Comment

- Don Weinberg commented that the available tools on the website should be made more clear as ease is an important marketing tool
- Ted Almon raised a question about HSRI's future revenue source and the structure of the Exchange. Will it be quasi-public or a state agency? Need to discuss the various funding options, including: claims tax, premium tax, or state appropriation. Almon suggested that the Exchange collect copays and deductibles as a service to the provider community.